

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Aurora's	CHAPTER 100.1
Address: 91-1112 Kiwi Street, Ewa Beach, Hawaii 96706	Inspection Date: May 2, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #3 – No documented evidence of a current level of care evaluation by a physician.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>I bring her Annual Physical examination for the Res. # 3 To her Physician to make the necessary correction on her level of care. I'll be sending a copy of her Physical exam.</i></p>	<p><i>5/9/2019</i></p>

STATE OF ALABAMA
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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #3 – No documented evidence of a current level of care evaluation by a physician.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>In order her Physician not to forget to document Res #3 her level of care I should highlight her Physical examination form and I should review with my substitute not that it will not be repeated the same mistake again.</i></p>	<p>5/10/2019</p>

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Licensee's/Administrator's Signature: Aurora Alejandro

Print Name: Aurora Alejandro

Date: May 10, 2019

Licensee's/Administrator's Signature: Aurora Alejandro

Print Name: AURORA ALEJANDRO

Date: 6-24-2019

NOTED
CLERK

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